

## **Provider Questions**

*(Duplicate and fill out for each provider you interview.)*

- What experience do you have with children who have hearing loss? What are your licenses, certifications, and/or credentials?
- What is your philosophy regarding communication for a child with a hearing loss or who is deaf?
- What are the long-term goals of the services you recommend?
- How do you evaluate the effectiveness of your services?
- What is the parent's role when you provide services?
- How do you teach us to communicate with our child between visits? Will I be able to carry on activities with my child based on your suggestions or resources?
- What supports do you offer families?
- What is the impact of services on the siblings and extended family?
- What is your definition of success for children with hearing loss?

**Notes About Our Experiences**

What are our dreams for our child?

What are our fears for our child?

**The following parents’ names and phone numbers were given to us:**

Date:                      Name of Contact Person:                      at:

Date:                      Name of Contact Person:                      at:

Date:                      Name of Contact Person:                      at:

Date:                      Name of Contact Person:                      at:

**We have visited the following programs or providers who can serve our child:**

**Program name:**

Communication used with children:

Location:

Telephone number and contact person:

Email:

Dates visited:

Impressions of program:

Impressions of students' ability to communicate:

Family support available:

**Program name:**

Communication used with children:

Location:

Telephone number and contact person:

Email:

Dates visited:

Impressions of program:

Impressions of students' ability to communicate:

Family support available:

**Program name:**

Communication used with children:

Location:

Telephone number and contact person:

Email:

Dates visited:

Impressions of program:

Impressions of students' ability to communicate:

Family support available:

**Program name:**

Communication used with children:

Location:

Telephone number and contact person:

Email:

Dates visited:

Impressions of program:

Impressions of students' ability to communicate:

Family support available:

### Program Summary

After visiting programs and reviewing the service options and communication methods, note what you think about each program.

	Program 1 _____	Program 2 _____	Program 3 _____	Program 4 _____
<b>Things we liked</b>				
<b>Things we disliked</b>				
<b>We think this option is appropriate (or not) for our child because...</b>				
<b>My child will be able to understand information in this setting because....</b>				
<b>Adults who have been educated this way are now doing...</b>				
<b>Using this approach, we believe that as an adult our child can....</b>				

Books, magazines, and tapes we like:

## Important Contacts and Phone Numbers

Primary Care Physician:\_\_\_\_\_

Address:\_\_\_\_\_

Phone:\_\_\_\_\_After hours:\_\_\_\_\_

Ear Doctor:\_\_\_\_\_

Address:\_\_\_\_\_

Phone:\_\_\_\_\_After hours:\_\_\_\_\_

Audiologist:\_\_\_\_\_

Address:\_\_\_\_\_

Phone:\_\_\_\_\_After hours:\_\_\_\_\_

Speech Language Pathologist:\_\_\_\_\_

Address:\_\_\_\_\_

Phone:\_\_\_\_\_After hours:\_\_\_\_\_

Care Coordinator/Service Coordinator:\_\_\_\_\_

Address:\_\_\_\_\_

Phone: \_\_\_\_\_After hours:\_\_\_\_\_

Early Intervention Providers :

Name:\_\_\_\_\_PHONE:\_\_\_\_\_

Name:\_\_\_\_\_PHONE:\_\_\_\_\_

Name:\_\_\_\_\_PHONE:\_\_\_\_\_

## Important Contacts

Public School Representative: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

### Other Parents

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Other important contacts

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_